Date:_	2021-05-06

Your Name:____Xiufang Liu_

Manuscript Title: Endoscopic treatment of cardia lesions: The effects on gastroesophageal reflux disease Manuscript number (if known):______

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	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	None	
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		Nege	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests	None	

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date: 2021-05-06

Your Name:___Yaxuan Li_

Manuscript Title: Endoscopic treatment of cardia lesions: The effects on gastroesophageal reflux disease Manuscript number (if known):______

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1		None	
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		Nege	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests	None	

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Your Name:____Xianjing Zhou_

Manuscript Title: Endoscopic treatment of cardia lesions: The effects on gastroesophageal reflux disease Manuscript number (if known):______

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
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6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests	None	

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Please place an "X" next to the following statement to indicate your agreement:

Date:_2021-05-06

Your Name:___Zhen Huang_

Manuscript Title: Endoscopic treatment of cardia lesions: The effects on gastroesophageal reflux disease Manuscript number (if known):______

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	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None	
Royalties or licenses	None	
Consulting fees	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		Nege	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests	None	

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Please place an "X" next to the following statement to indicate your agreement:

Date: 2021-05-06

Your Name:___Xiaorong Dai

Manuscript Title: Endoscopic treatment of cardia lesions: The effects on gastroesophageal reflux disease Manuscript number (if known):______

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Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		Nege	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	7 Support for attending meetings and/or travel	None	
8	8 Patents planned, issued or	None	
pending	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Dessist of a subsequent	News	
materials, drugs	Receipt of equipment,	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests	None	

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Please place an "X" next to the following statement to indicate your agreement:

Date:_2021-05-06

Your Name:___Juan Tang_

Manuscript Title: Endoscopic treatment of cardia lesions: The effects on gastroesophageal reflux disease Manuscript number (if known):______

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1	All support for the present	None	
Ţ	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	8 Patents planned, issued or pending	None	
pe			
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Description of a sector sector	News	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
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Date:_2021-05-06

Your Name: ____Hongwei Cheng_

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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	8 Patents planned, issued or pending	None	
pe			
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surface surf	News	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.

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